

**Christopher Wossilek
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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Lehman Brothers Holdings INC., et al, } **Case No.: 08-13555 (SCC)**
Debtors. } **(Jointly Administered)**
 } **Docket #61013, #60986, #60984, #61197 and**
 } **#61168**
 }

**SUGGESTION OF DEATH UNDER THE RECORD and MOTION TO
STAY THE MATTER**

SUGGESTION OF DEATH UPON THE RECORD, Brother and Co-Plaintiff for Phillip Wossilek in the above-referenced actions gives notice and suggests upon the record, pursuant to Rule 25(a)(1) of the Federal Rules of Civil Procedure, Christopher Wossilek announces the death of Phillip Wossilek, a plaintiff in this action. Phillip Wossilek passed away on September 22, 2021. His Death Certificate is attached as Exhibit A.

A 90-day temporary stay of the matter is requested to allow probate court and the Estate to properly identify a representative to substitute Phillip Wossilek. The 90-day temporary stay reflects the amount of time allowed to secure a proper representative to represent the Phillip Wossilek Estate under Rule25(a)(1). A Motion for Substitution is forthcoming pursuant to Rule 25(a)(1).

Respectfully Submitted,

Dated this 17th day of October, 2021



Christopher P. Wossilek
10687 Addison Ct
Highlands Ranch, CO 80126

EXHIBIT A

| STATE OF COLORADO CERTIFICATION OF VITAL RECORD | | | | | |
|--|---|--|---|---|---|
| CERTIFICATE OF DEATH | | | | STATE FILE NUMBER 1052021033432 | |
| DECEASED'S LEGAL NAME PHILLIP WOSSILEK | | | | DATE OF DEATH SEPTEMBER 22, 2021 | |
| SEX MALE | SOCIAL SECURITY NUMBER [REDACTED] | AGE-Last Birthday (Years) 53 | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 29, 1968 |
| | | | Months | Days | Hours |
| IF DEATH OCCURRED IN HOSPITAL INPATIENT | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL | | |
| Facility Name (If not institution, give street & number) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY | | | CITY, TOWN OR LOCATION OF DEATH AURORA | | COUNTY OF DEATH ADAMS |
| RESIDENCE - STREET AND NUMBER 6833 S HARVEST COURT | | | APT. NO. [REDACTED] | ZIP CODE 80016 | INSIDE CITY LIMITS YES |
| RESIDENCE STATE COLORADO | | COUNTY ARAPAHOE | CITY OR TOWN AURORA | | |
| DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DIRECTOR | | | KIND OF BUSINESS/INDUSTRY TELECOMMUNICATIONS | DECEDENT'S EDUCATION BACHELOR'S DEGREE | |
| DECEDENT OF HISPANIC ORIGIN NO | | | DECEDENT'S RACE White | | |
| EVER IN US ARMED FORCES NO | MARITAL STATUS AT TIME OF DEATH MARRIED | SPOUSE/PARTNER NAME (If wife give name prior to first marriage) KRISTIN L MORGAN | | | |
| FATHER'S NAME CHARLES FRANK WOSSILEK | | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE JEAN A. NEWELL | | |
| INFORMANT'S NAME KRISTIN WOSSILEK | | | INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE | | |
| NAME OF FUNERAL HOME NEWCOMER CREMATIONS AND FUNERAL - EAST METRO | | | CITY AND STATE OF FUNERAL HOME AURORA COLORADO | | WAS CORONER NOTIFIED YES |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION FUNERAL DIRECTOR'S SERVICE LLC | LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO | | |
| INJURY AT WORK | | IF TRANSPORTATION RELATED, SPECIFY | DATE OF INJURY | | TIME OF INJURY |
| PLACE OF INJURY | | | | | |
| LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode) | | | | | |
| DESCRIBE HOW INJURY OCCURRED | | | | | |
| WAS DECEDENT UNDER HOSPICE CARE | | ACTUAL OR PRESUMED TIME OF DEATH 21:04 MIL | DATE PRONOUNCED DEAD (Mo/DAY/YR) SEPTEMBER 22, 2021 | TIME PRONOUNCED DEAD 21:04 MIL | |
| MANNER OF DEATH NATURAL | | WAS AN AUTOPSY PERFORMED NO | | WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? | |
| CAUSE OF DEATH | | | | | |
| PART I Enter the chain of events-diseases, injuries, or complications that directly caused the death. a [REDACTED] b [REDACTED] c [REDACTED] d [REDACTED] | | | | | |
| Approximate interval: Onset to death 1 WEEK 1 WEEK 4 WEEKS 5 WEEKS | | | | | |
| <small>Sequentially list conditions, if any, leading to the cause listed on line a.</small> <small>Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)</small> | | | | | |
| <small>PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I</small> <small>SEVERE GASTROINTESTINAL HEMORRHAGE REQUIRING MASSIVE TRANSFUSION, CLOSTRIDIUM DIFFICILE COLITIS</small> | | | | | |
| TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN MUHAMMAD AFTAB DR 12605 E 16TH AVENUE AURORA CO 80045 | | | DATE SIGNED SEPTEMBER 23, 2021 | | |
| TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER | | | DATE SIGNED | | |
| DATE FILED BY REGISTRAR SEPTEMBER 29, 2021 | | | | | |
| DATE ISSUED SEPTEMBER 29, 2021 | | | | | |
| THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED. | | | | | |
| REV 01/18 | | | | | |
| ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE | | | | | |
|  A. ALEX QUINTANA STATE REGISTRAR | | | | | |
|  *010794632* | | | | | |
|  | | | | | |